



## State of Vermont Department of Mental Health Office of the Commissioner

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September 11, 2009

Dr. Alan Green
Dartmouth Medical School
Department of Psychiatry
Dartmouth-Hitchcock Medical Center
One Medical Center Drive, 5D
Lebanon, NH 03756-0001

Dear Dr. Green:

Thank-you for making a conceptual proposal in response to the RFP issued by the Vermont Department of Mental Health regarding acute psychiatric inpatient care. A review committee comprised of legislators, advocates, and mental health service providers, met this week and has requested additional information regarding the proposal.

The review committee also asked that I convey to you how positively they view this proposal and how appreciative they are of the academic, medical, and research leadership that Dartmouth Medical School Department of Psychiatry provides in public mental health both regionally and nationally.

The RFP Review Committee requests the following additional information about the proposal. As per the RFP schedule, page 14, all responses are due by close of business on Friday, September 18<sup>th</sup>.

- 1. How would you deal with the different treatment and systems cultures in Vermont? Specifically the higher acuity of individuals served in the community, the more limited use of inpatient services, and the different statutory framework for non-emergency involuntary interventions?
- 2. Would you consider a partnership with Springfield Hospital?
- 3. What is your track record of working in Vermont? Do you have specific links with Vermont's designated community mental health agencies?
- 4. Please describe the corporate (organizational) structure between the Dartmouth Medical School Department of Psychiatry and Dartmouth Hitchcock Medical Center. An organizational chart would be helpful.



- 5. How can a free standing hospital of 15-20 beds be viable (programmatically, fiscally etc.?).
- 6. Please provide a letter or statement from the VA system regarding this proposed collaboration or a letter from Dr. Andrew Pomerantz endorsing this proposal.
- 7. Please describe in more detail how the proposed program would work with peers and family members and any relevant examples of work you may already undertake with peers and families in state-hospital type services.
- 8. Please describe in more detail how and what resources would be shared with the Veterans Hospital. When and how would veterans use the proposed program?
- 9. Would the proposed program be an IMD? (Being next to the VA hospital and therefore having more than 16 beds).
- 10. How would the construction of a new building be funded?
- 11. What would happen if patients become ill and need inpatient medical treatment? Would they be treated in NH (how would the jurisdictional issues be addressed)? How would the full psychiatric needs of a patient be met if they required transfer to a general hospital?
- 12. What experience do you have with involuntary psychiatric inpatient admissions and care?
- 13. Given the legal requirement that care be provided in the least restrictive environment, as well as the State's policy of favoring voluntary care whenever possible, and the fact that the proposed program is specifically a high acuity, involuntary, and high security setting, how would the proposer ensure access to less restrictive and /or voluntary inpatient care when appropriate? No less restrictive unit would be available at the VA hospital unless the patient was also a veteran.
- 13. Could you propose an alternative site closer to northern Vermont?
- 14. How quickly could a planning process move? What resources could your organization commit to the planning process?



Please direct the responses to my email (<u>btanzman@vdh.state.vt.us</u>).

I do appreciate that this is a very rapid response schedule and wish to thank-you in advance for the work the Dartmouth team will put into responding to these reviewer questions.

We look forward to receiving your responses.

Sincerely,

Beth Tanzman

**Deputy Commissioner** 

Bott J. Tanzman

BT/psp

cc: Michael Hartman Andrew Pomerantz

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